Bibliography of Information referenced at Orthodontic Retreat December 7, 2011

- 1.) -CalMod Validated compared to two other indices.
 - -Supports a 26 point cutoff.
 - Beglin FM, Firestone AR, Vig KWL, Beck FM, Kuthy RA, Wade D. A comparison of the reliability and validity of 3 occlusal indexes of orthodontic treatment need. Am J Orthod Dentofacial Orthop 2001;120:240-6.
- 2.) -TX study agrees and supports that 5 states have 3 issues medicaid patients: 1.) Broken appointments 2.) Low reimbursement 3.) Patient non-compliance.
 - Blackwelder A, Shulman JD. Texas dentists' attitudes toward the Dental Medicaid program. Pediatr Dent 2007 Jan-Feb;29(1):40-6.
- 3.) -Review chart Phase 1 studies
 - -Washington HLD cutoff is 25 points and they provide phase 1, phase 2 and comprehensive coverage.
 - -Florida has HLD cutoff of 26 points.
 - -Medicaid coverage "Never includes purely cosmetic or elective procedures"
 - Bresnahan, BW, Kiyak HA, Masters SH, McGorray SP, Lincoln A, King G. Quality of life and economic burdens of malocclusion in U.S. Patients enrolled in medicaid.
- 4.) -"The Classification and Regression Tree modeling was used to determine the HLD (CalMod) cut-off point of orthodontic treatment need according to the gold standard."
 - -This model suggests a cut-off point of 18.5, considerably lower than the cut-off 26 currently used by Medi-Cal.
 - -"Our results show that the HLD (CalMod) with a cut-off point of 26 fails to indentify a considerable percentage of handicapping malocclusions."
 - Cook M, Gerbert B, Gansky S, Miller A, Nelson B, Orellana M. Assessment of the validity of H LD (CalMod) in identifying orthodontic treatment need. Community Dent Oral Edpidemiol 2010;38:50-7.
- 5.) -Provided state by state review of medicaid program orthodontic services.
 - -Suggests use of HLD as many states have used it.
 - El-Gheriani AA, Ehrmantrout ZP, Oesterle LJ, Berg R, Wilkerson DC. Medicaid expenditures for orthdontic services. Am J Orthod Dentofacial Orthop 2007;132:728.e1-728.e8.
- 6.) -Due to lawsuits Medi-Cal has modified the HLD.
 - -This study compared Maryland and California HLDs and found that the CalMod provided less approvals for orthodontic care.
 - Han H, Davidson WM. A useful insight into 2 occlusal indexes: HLD(Md) and HLD(CalMod). Am J Orthod Dentofacial Orthop 2001:120:247-53.

- 7.) -This study chose to use HLD CalMod, "This simple index was chosen because the main component traits were well defined and, when analysed separately, reflected changes with time."
 - Hong S, Freer TJ, Wood EB. An evaluation of the changes in malocclusion index scores over a 25-year period. Aust Dent J 2001;46:(3):183-5.
- 8.) -Medicaid patients had more failed appointments than non-medicaid patients.
 - Horsley BP, Lindauer SJ, Shroff B, Tufekci E, Abubaker AO, Fowler CE, Maxfield BJ. Appointment keeping behavior of Medicaid vs non-Medicaid orthodontic patients. Am J Ortrhod Dentofacial Orthop 2007;132:49-53.
- 9.) -Identified barriers to Orthodontic access. Provider participation is limited due to many factors including missed appointments, tardiness, low reimbursement levels, difficulty collecting from Medicaid, loss of coverage during treatment, need for prior authorization, difficulty getting billing questions answered, delays in receiving payment, unruly/uncooperative behavior, and cancellations at last minute.
 - Im JL, Phillips C, Lee J, Beane R. The North Carolina medicaid program: participation and perceptions among practicing orthodontists. Am J Orthod Dentofacial Orthop 2007;132:144.e15-148.e21.
- 10.) -"Interceptive orthodontics (phase 1) signficantly reduces the severity of malocclusions and moves most from the "medically necessary" category to elective but does not produce finished results for most patients."
 - Jolley CJ, Huang GJ, Greenlee GM, Spiekerman C, Kiyak HA, King GJ. Dental effects of interceptive orthodontic treatment in a medicaid popultion: Interim results from a randomized clinic trial. Am J Orthod Dentofacial Orthop 2010;137:324-33.
- 11.) -"Phase 1 orthodontic treatment significantly reduces malocclusion severity in Medicaid and private-pay populations."
 - Mirabelli JT, Huang GJ, Siu CH, King GJ, Omnell L. The effectiveness of phase I orthodontic treatment in a Medicaid population. Am J Orthod Dentofacial Orthop 2005;127:592-8.
- 12.) -In the year 1998 over 150,000 California patients since 1991 were evaluated using the CalMod HLD.
 - -Working quite well.
 - Is useable within the context of Medicaid regulations.
 - Parker WS. The HLD (CalMod) index and the index question. Am J Orthod Dentofacial Orthop 1998;114:134-41.
- 13.) -Heavy load field testing of 1000 cases using latest CalMod version shows its validity.
 - Parker WS. A study of 1000 malocclusions selected by the HLD (CalMod) Index. Am J Orthod Dentofacial Orthop 1999;115:343-51.

- 14.) -HLD not desinged to indentify malocclusions but as a handicap.
 - -White House Conference on Child Health and Protection 1932 need to ID when handicap is associated with extreme variation.
 - -Drake developed HLD to not only measure patient where extreme variation started but to what degree it was handicapping.

Summers CJ. Some effects of developmental changes on the indicies of malocclusion. J Pub Health Dent 1966;26:212-20.

- 15.) -Phase 1 decreased eligibility for Phase 2 coverage by Medicaid.
 - -Increased number patients treated with same amount of funds.
 - -Validates HLD for Medicaid uses.

Theis JE, Huang GJ, King GJ, Omnell, ML. Eligibility for publicly funded orthodontic treatment determined by the handicapping labiolingual deviation index. Am J Orthod Dentofacial Orthop 2005;128:708-15.

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